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NOTICE.

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"Æquam memento rebus in arduis
Servare mentem."—*Horace*, Book ii., Ode iii.

A Teaching University for London.

AS all our readers are aware, the above topic has been for some time under the consideration of a Royal Commission, which has recently reported. The outlines of their report are already well known, having been published in abstract some three or four weeks ago. The subject of founding a Teaching University in London is one of great interest in relation to higher education in the Metropolis, and, at the same time, is of such enormous importance to medical students and to the medical colleges in London, that it may not be out of place to present in this Journal a short history of the events which have led up to the present state of things. The movement for the promotion of a Teaching University in London has passed through so many phases that only those who have made some special study of it can be in a position to fully appreciate and estimate at their correct value the many important recommendations contained in the Report of the Gresham University Commission; and for this reason a summary of what has already been done may perhaps be of interest and value to those junior men

and students who feel that their interests are in some way or other involved, but who might otherwise not be able to take a broad and impartial view of the present situation.

I. From the Commencement of the Movement to the Report of the First Royal Commission.

Ten years have elapsed since, in May, 1884, The Association for Promoting a Teaching University for London was formed. The agitation which led up to the formation of this Association arose from several distinct sources, and the first of these, chronologically considered, was the dissatisfaction of the teachers in the Medical Schools in London at the very small proportion of their students who obtain degrees in medicine in the present University of London, when compared with the total number of students and the vast opportunities for scientific and clinical study which the large London hospitals afford. In December, 1879, Dr. Bristowe pointed out that an annual average of only nineteen men had then proceeded to the M.B. Degree, and that at that time only 554 living medical graduates of the University of London existed out of between 20,000 and 25,000 medical practitioners holding British qualifications. At about the same time the Annual Committee of Convocation of the University of London recommended, for the encouragement of advanced study and research, the foundation of University Lectureships in various branches of literature and science, and pointed out that lectureships might be established in such subjects as the history of medicine, public health, forensic medicine, human and comparative anatomy, pathology, or chemistry. The same topic was prominently insisted upon in an address on "Medical Education" to the Hunterian Society, by Dr. Pye Smith, in 1880. There also arose amongst those interested in higher education, and the teachers in the larger London colleges, a desire to have a direct influence in the government of the University of the City in which they teach; and it was pointed out that there exist in London several institutions for higher education on the one hand, and on the other hand a University which examines and does not teach, and that it would be a great gain to establish direct relationships between these two parts of the

educational machinery, and to bring them into organisation with each other. The Association for the Promotion of a Teaching University for London had the following objects:—

1. The organisation of University teaching in and for London in the form of a Teaching University with faculties of Arts, Laws, Medicine, and Science.
2. The association of University examination and University teaching and the direction of both by the same authorities.
3. The conferring of a substantive voice in the government of the University upon those engaged in the work of University teaching and examination.
4. Existing institutions in London of University rank not to be abolished or ignored, but to be taken as the basis or component parts of the University, and either partially or completely incorporated with the minimum of internal change.
5. An alliance to be established between the University and the professional Societies or Corporations, the Council of Legal Education as representing the Inns of Court, the Royal College of Physicians of London, and the Royal College of Surgeons of England.

In July, 1884, the Council of the Metropolitan Counties Branch of the British Medical Association appointed a sub-committee to consider the subject of University Degrees for London medical students, and this sub-committee in their report pointed out strongly the contrast between the enormous field for clinical teaching afforded by the Metropolitan hospitals and the small proportion of medical graduates of the University of London. They also pointed out that, whilst of the total number of British medical graduates 64·1 per cent. hold Scotch Degrees, only 7·1 per cent. are London graduates. The Metropolitan general hospitals have about 5,000 beds and about 60,000 in-patients per annum, and the special hospitals have about 3,000 beds. With such an enormous field for clinical work, to say nothing of the hospitals of the Metropolitan Asylums Board, the various Lunatic Asylums and the Poor Law Infirmarys, London ought to be not only the largest, but also the greatest centre for medical teaching in the world; and it was rightly urged that any deficiency in organisation—such as the inaccessibility of a University Degree—which has the effect of driving students to places where degrees can be more easily obtained, and with far inferior opportunities for acquiring professional knowledge, does an injury not to London only but to the whole empire, and to the whole profession of medicine.

The soundness of arguments such as these cannot be denied, and to meet the want some urged that the standard of the degrees should be lowered, some that the teaching ought to be raised, others that reorganisation is required to bring the teaching and examining elements into intimate association, whereby the teaching power could be concentrated and organised by some system of intercollegiate

action, and the examinations be made more practical and become more adapted to the requirements of the times.

Various schemes were naturally proposed to remedy the defects mentioned. One of the earliest proposals was that those who have passed the Conjoint Examinations of the Royal Colleges of Physicians and Surgeons should receive the title of "Doctor." This arose from the feeling on the part of "Conjoint" men that they have passed examinations equal to the majority of the examinations for which degrees are given elsewhere. At the same time, it was obvious that they regarded the title of "Doctor" not so much as an academic distinction, but rather as of the nature of a trade-mark, which they desired to possess to put themselves on an equality in practice with those possessing the M.D. of inferior Universities.

In January, 1885, the Council of the British Medical Association adopted the recommendations of their Special Committee, and proposed that, failing concessions from the University of London, steps should be taken by the Royal Colleges of Physicians and Surgeons, or by some other body in direct association with the Medical Schools of London, to obtain powers to grant M.D. Degrees for London students. Very soon this took the form of a request to the Royal Colleges that they should proceed to obtain power to grant a Medical Degree to all those who had passed the examinations for the M.R.C.S. and L.R.C.P. This request was favourably received by the Royal Colleges, and in the absence of any signs that the University of London would be so remodelled as to meet the want, they resolved to present a petition to the Privy Council for power to confer a degree upon their licentiates and members.

There were, naturally, many serious objections raised to this proposal. In the first place, it was urged that the proposition, if carried into effect, would destroy the distinction between Academic Degrees and Licences to practise. Secondly, if the Medical profession is to be permitted to grant degrees in Medicine, then the Legal profession—the Inns of Court and Incorporated Law Society—might fairly be allowed to confer degrees in Law upon barristers and solicitors. Thirdly, such a plan would obliterate the evidence which a degree now affords, that the holder has studied in an Institution which deals with higher education in all its branches. Fourthly, the establishment of a *de facto* Medical University, granting Medical Degrees alone, would be foreign to the primary idea of a University, and would tend to place the Medical profession in an inferior position, by separating its degrees from the academic and liberal education which other degrees would carry.

Meanwhile, a move had been made by the University of London, for in January, 1885, Convocation appointed a Special Committee to consider the objects and proposals of The Association for Promoting a Teaching University. In February, 1885, this Committee reported, and Convocation adopted, the resolution: "That in the opinion of Convo-

cation, the objects of The Association for Promoting a Teaching University in London would, if carried into effect by this University, add to its usefulness and importance." The Special Committee was reappointed to draw up a scheme, and in July, 1885, the first scheme of the University of London was presented to Convocation by Lord Justice Fry. It is not necessary, here, to enter into the details of this scheme, for although it was not rejected, it was never adopted by Convocation, but after discussion at two meetings, it was referred for consideration to a second Committee of twenty-five members. This was on December 8th, 1885, and Sir Philip Magnus was Chairman of the second Special Committee. The next step was the presentation by this Committee of an amended scheme, which was received and *approved by Convocation*. It proposed that the University should consist of: (a) Senate, (b) Convocation, (c) Constituent Colleges, (d) Council of Education. The Senate was to include certain *ex-officio* members, such as the Chancellor, Vice-Chancellor, Chairman of Convocation, Chairman of the Council of Education, and Chairman of each of the four Boards of Studies; and ordinary members, appointed, 6 by the Crown, 8 by Convocation, 4 by the Council of Education, and one by each of;—University College, King's College, Royal Society, Royal College of Physicians, Royal College of Surgeons, Council of Legal Education, and Incorporated Law Society. Constituent Colleges were to be Educational Bodies of University rank, *in and near London*. They were to be assigned to their various Faculties of Arts, Laws, Science and Medicine, and to be represented on the Council of Education. This Council was to be constituted of representatives of Convocation, representatives of Constituent Colleges, and the Examiners of the University. Its functions were to advise the Senate on all matters connected with the subjects of examination and the teaching thereof; and Boards of Studies or Standing Committees of the Council were to be constituted, one for each faculty.

By this time the Senate of the University had begun to move, for a Committee of the Senate was appointed in April, 1886, to consider the matter; and the scheme of Sir Philip Magnus, after its adoption by Convocation, was by the Senate referred to its Special Committee. This Committee reported in March, 1887, in favour of a scheme which differed in some important particulars from that of Sir Philip Magnus. In the first place, it proposed that the Senate should consist of 37 Fellows—16 nominated by the Crown; one, the Chairman of Convocation; 12 elected by Convocation; and 8 by the four faculties. The 12 elected by Convocation were to consist of 3 elected by the graduates in each of the four faculties, in Convocation. There were to be four faculties, as in the other scheme, each with a Board of Studies and Associated Colleges. The faculties were to consist *entirely* of representatives of the Associated Colleges, who were to declare their opinions on any subjects *submitted to them by the Senate*. The Board of Studies for

each faculty was to consist of members elected by the Faculty, *i.e.*, the representatives of the Colleges, with representatives of Convocation, and one of the Examiners in each subject included in the Faculty. Each Board of Studies was to have power, (a) to consider and report upon matters referred to it by the Senate; (b) to represent to the Senate its opinion on any matter connected with the degrees, examinations, and teaching of the subjects of its Faculty. Under this scheme, it was proposed that the list of Associated Colleges should be decided on by a Committee of Selection, formed equally of members elected by the present Senate and present Convocation. After the first list of Associated Colleges had been decided on, it was proposed that other Colleges could be admitted by the Senate, *after submitting the proposal to Convocation, and after consulting the faculties interested*. Further, instead of the Associated Colleges consisting of those of University rank in and near London, they might be selected from amongst teaching institutions in *any part of the United Kingdom*. The general outlines of this scheme were approved by the Senate, but the whole matter was referred back to their Committee, to confer with a Committee of Convocation.

We now come to a new phase of our subject. An attempt had been made by the present University to devise a plan for the carrying out of the objects of The Association for Promoting a Teaching University in London, and three schemes—that of Lord Justice Fry, that of Sir Philip Magnus, and the scheme of the Committee of the Senate—had been proposed, all agreeing in the admission of certain Colleges and Schools as Constituent or Associated Colleges, but differing in the degree of representation and voice in government to be accorded to them. On the other hand, all these schemes failed to hold out any hope of satisfying the demands of the teachers in the Medical Schools, and the Royal Colleges of Physicians and Surgeons had matured their petition to the Privy Council to obtain power to grant degrees in medicine, in response to the "medical grievance." The next step was taken by University College, the Council of which, early in 1887, finding that the proposals of the University of London were not likely to satisfy the aims and aspirations of the teaching element, to have the greater share in the government of the "Teaching University," resolved, in conjunction with King's College, to endeavour to carry out the objects of The Association for Promoting a Teaching University in London, themselves. In March, 1887, accordingly, University and King's Colleges resolved to petition the Privy Council in favour of "a Teaching University." A petition was drawn up and finally decided upon in May, 1887. This action on the part of University and King's Colleges led to the resignation of a considerable number of the Council of University College—chiefly members who were also connected with the government of the University of London. The scheme of University and King's Colleges proposed to establish a Teaching University

for London under the name of the "Albert University of London." University and King's Colleges were to be the only Colleges in the University, but the existing Medical Schools were to be allowed the claim to be admitted as "Medical Schools in the University," without any direct representation on the "Council," although, in spite of this, the Council was to have power of taxation—*i.e.*, of requiring contributions from the Medical Schools towards University expenses. Provision was made for the Royal Colleges of Physicians and Surgeons to come into this scheme if they desired, and to elect direct representatives to the Council. The Assemblies of the Faculties consisted of all the professors or lecturers in the subjects of the Faculty, as might be designated by the governing bodies of the Colleges or Medical Schools. The Board of Studies for each faculty consisted of members elected by the Faculty and the Examiners.

In August, 1887, the Senate of the University of London addressed the Privy Council in opposition to the petition of University and King's Colleges, and early in 1888 a petition from 201 teachers in the Medical Schools of London, other than University and King's Colleges, was presented to the Privy Council.

In this petition, the Medical Schools pointed out that the draft of the Charter to the proposed Albert University gave great advantage to the Medical Schools forming parts of University and King's Colleges. They further pointed out that "each of the recognised Medical Schools in London is in itself a complete Medical College, giving instruction in every branch of medical education and providing abundant opportunities for the improvement of medical science, and that, therefore, each deserves recognition as a College, inferior to none in any University to which it may please your Majesty to grant a Charter," and they asked to be admitted into the constitution of any proposed University on terms of equality with the Medical Schools of University and King's Colleges.

Matters now seemed to be at a deadlock—there were three rival schemes: (1) Some modification of the existing University. All schemes so far proposed failed to satisfy the Professors of University and King's Colleges, and at the same time did not meet the just demands of the medical teachers and students. (2) The foundation of a new University around University and King's Colleges, as the centre, under the name of the "Albert University of London." (3) The conferring of power on the Royal Colleges of Physicians and Surgeons to grant a degree in medicine. At this juncture the first of the two Royal Commissions was appointed, and began its sittings in June, 1888. This Commission consisted of Earl Selborne, Sir James Hannen, Dr. Ball, Professor Stokes, Sir William Thompson, and Rev. J. E. C. Welldon, and reported in April, 1889, in favour of one University in London—*i.e.*, that the present University should be reconstituted. They considered it more likely that modifications of the existing University would satisfy

the requirements of the Royal Colleges and the Medical Schools than the new Teaching University proposed by University and King's Colleges. They therefore advised that a reasonable time should be given to the present University to apply for a modified Charter.

In our next article we propose to deal with the events which followed the report of the first Commission, and which led to the appointment of the second one, which has just reported.

The Treasurer's Research Studentship in Pathology and Bacteriology.

THE announcement, which was made on February 23rd last, that the Treasurer of the Hospital, Sir Trevor Lawrence, would appoint annually a qualified man to a Research Studentship in Pathology and Bacteriology, came as a most pleasant and agreeable surprise to all the students of the Hospital. It was particularly welcome to those who wish to engage in some research work after they have become qualified, but who, from want of opportunities and funds to meet the necessary expense, are unable to carry out their ideas, if unaided. We are sure that old Bart's men will be pleased to hear of the new departure, and will join with all present students in according their thanks to Sir Trevor Lawrence for his munificent and generous offer of a "Research Studentship." The first appointment will be made this month, and applications are invited from qualified men desirous of holding it. The conditions which are attached to the studentship are stated below. It will be observed that they follow the lines of the conditions of similar studentships at Cambridge, *viz.*, the George Henry Lewes and the John Lucas Walker Studentships. We hope that the present is the first of a more extended system of Research Fellowships in other branches of medical science in connection with our grand old Hospital:—

1. Candidates must be students of St. Bartholomew's Hospital who hold a recognised qualification to practise, and of at least two years' standing at St. Bartholomew's.
2. Every candidate for the studentship must have worked as a clerk in the Pathological Department, and must show familiarity with ordinary methods of pathological and bacteriological investigation. Each candidate must state in writing the work he has already done, the qualifications he holds, and what research he proposes to engage in. A practical examination in pathology or bacteriology may be held if considered necessary.
3. The student elected must engage in research work in the Pathological and Bacteriological Laboratory of the Hospital, under the Lecturer on Pathology.
4. The studentship shall be tenable for one year, but the holder shall be eligible for re-election for not more than a second year.

5. The student shall be appointed annually in March, his year's work to commence on May 1st.

6. The student shall not hold any other paid appointment except with the approval of the School Committee, and shall be called upon to resign his studentship if he fails to satisfy the School Committee.

7. The student elected shall receive £80 annually in quarterly instalments. If necessary he shall receive also grants not exceeding £20 per annum for the purchase of such more expensive materials and instruments as may be required in his work. Applications for such grants must be made through the Lecturer on Pathology. Any instruments purchased through such grants shall, at the expiration of the studentship, become the property of the Pathological Department. The student shall defray all ordinary expenses of his research.

8. The subject of each research must be submitted to the Lecturer on Pathology for approval by the School Committee. The student shall at the expiration of each quarter send, through the Lecturer on Pathology, a report of his work. This, with a report from the Lecturer on Pathology upon the student's work, shall be presented to the School Committee quarterly. The publication of the results of the student's researches shall be at the discretion of the School Committee.

9. The election to the studentship will be made by Sir Trevor Lawrence, Treasurer of St. Bartholomew's Hospital, on the recommendation of the School Committee.

10. An annual report shall be submitted by the School Committee to Sir Trevor Lawrence, Treasurer of the Hospital, on the research work of the student.

Duties of Dressers and Tenure of Office of Dresserships.



NOTICE has been posted on the School Notice Board calling the attention of students to certain alterations in the duties of dressers and the tenure of office of dresserships. All those who have been dressers know how great is the pressure of work under the present regulations, and how difficult it is to efficiently carry on both the work in the Surgery in the morning, and the Ward Dressing at the same time. Moreover, there is absolutely no time for a dresser to do anything else whilst holding his dressership; such as the attendance on lectures or private reading. For these reasons we are sure that the new regulations, which are to come into force on and after the 1st of August next, will be cordially welcomed by the students as a most valuable improvement. The new regulations are as follows:—

"1. That six dressers be appointed to each surgeon every three months, for a six months' term of office; that for the first three months they be called 'Surgery Dressers,' their duties comprising the morning work of the Surgery and the

dressers' work in Coborn Ward, and that for the second three months they be called 'Ward Dressers,' their duties comprising the Surgical Ward Work (except Coborn), and when their surgeon is 'on duty,' the 'Surgery work' after 12 midday and until 9 a.m.

"2. That the 'Surgery Dressers' be eligible to hold concurrently out-patient appointments.

"3. That students who have been 'Ward Dressers' be eligible for a second term of ward duty without the necessity of serving as 'Surgery Dressers,' and that House Surgeons be required to have dressed for nine months in all, six months as 'Ward Dressers.' The number of Ward Dressers is not to exceed eight—viz., the six ex-Surgery Dressers and two re-appointed Ward Dressers."

As in August next there will be no "Ex-Surgery Dressers," we suppose that the six Surgery Dressers then appointed will be for the first three months both "Surgery" and "Ward Dressers," and that, after serving in this capacity for three months, they will come on as "Ward Dressers" in November, for a second three months. We think, also, that the separation of the work in Coborn Ward from the rest of the "Ward" Dressing is a most salutary change.

Part of the First Lecture of the Course on Surgery.

BY HOWARD MARSH, F.R.C.S., *Joint Lecturer on Surgery.*



GENTLEMEN,—Year after year when I meet a new audience in this Theatre I feel there is a particular question which you may wish to ask, and to which I may be expected to give a satisfactory answer. What is the use of lectures? That you should ask this question is quite a reasonable thing. It does not necessarily indicate that you have your doubts. It may do so with some, for perhaps there are cynics amongst you; but cynics are harmless, and often amusing people on their road to a higher grade of mental development. I should regard the question as merely conveying a wish for information on a subject which is of great personal importance and interest to you all; for if you believe that lectures are useless they will do you very little good: while, if you feel they are valuable, you will not grudge the mental effort which they involve. My reply would be that they are not only a useful, but an essential part of the medical curriculum, because they do what no other part of our machinery will effect. I do not say they are superior to other methods of teaching. They are merely parts of a whole, and complementary to the rest. Surgery is a very wide and complex subject, which must be studied from many points of view, and therefore in many different ways, and the arrangements for teaching it vary accordingly. In the Hospital and School there are no less than twelve sections, or departments, in which surgery is taught. The wards, the operating theatre, the Thursday's consultations,

the special departments (which now include six sub-sections), the out-patient room, the museum, the post-mortem room, classes for practical and for operative surgery, surgical demonstrations, clinical lectures, and lectures on the principles of surgery. A moment's reflection will show that these sections are in no sense rivals, but that each serves a particular purpose in the general scheme, and is of importance to all the rest.

In the wards you meet with, and, as Dressers, have under your own daily observation, the more grave forms of disease, and the more severe injuries, and their results. These serious cases are exhaustively examined and critically studied in all their different aspects, and you are able to see them through their whole course.

In the out-patients' room you enter upon a different field, and upon a different kind of training. The cases are, for the most part, examples of common forms of disease, such as you will constantly meet with in your future practice. Syphilis in all its various phases and multiplicity of forms, tuberculosis of the joints, bones, and spine, rickets in all its aspects and effects, the different kinds of hernia, and of hydrocele, diseases of the testis, various skin eruptions, various small tumours, epithelioma, naevi, stricture, osteoarthritis, &c. Such cases are, as far as possible, thrown into groups, so that they may be seen together, and be used to illustrate and supplement each other; but they often occur as isolated examples, and are then valuable for the study of diseases which you may not have seen before. I still remember, although it is thirty years ago, that, on one occasion, in the out-patient room, I saw for the first time in my life molluscum contagiosum, congenital dislocation of the hips, onychia maligna, and a case of arrested growth of the lower extremity, following disease of the end of the femur.

The out-patient work will teach you to transfer your attention rapidly from case to case as you will have to do in practice, and will also afford you the opportunity of training your faculty of attention, and your senses of touch and sight. Cases in the out-patient room will keep your mind on the alert and your senses keen. The patient whose disease you have to diagnose is one whom you have never seen before, and you must study both his general and his local condition. Suppose he has an ulcer on his foot, you must note all its characteristics: but this is by no means enough. You must also note whether he is prematurely old, or a drunkard, whether he is the subject of Bright's disease, gout, syphilis, tuberculosis, or tabes dorsalis, whether he has been resident abroad, or whether he is on his club, and is keeping the ulcer open with some irritant, as I have occasionally seen. In the out-patient room you will also cultivate the faculty, which in those who have had much practice may seem to you almost intuitive, of separating the important from the comparatively unimportant, the essential from the indifferent and inconclusive; the symptoms which may be lightly passed over from those which are the key to the situation. A child, for example, is suspected to have hip-disease,

and on examination you find that he is lame, that his limb is somewhat flexed and everted, that he has slight apparent lengthening, some muscular wasting, and some pain in his knee. Now these are six symptoms, all of which are met with in hip-disease. Yet, inasmuch as they are all present in other conditions also, they are none of them conclusive, and in spite of them all no hip-disease may exist. Possibly the case is one of spinal disease. To determine the nature of the affection you must go further, for there are some points which are crucial and conclusive still to be considered: (1) Can you exclude spinal disease combined with psoas or iliac abscess, and also disease in connection with the pelvis? and (2) Do you find that the hip is fixed or still moveable? A fixed condition of the joint—so that the pelvis rocks and enarthrodial movement is lost—combined with the symptoms I have mentioned, will in all but the most exceptional cases be conclusive that hip-disease is present.

Unless you are always thorough in your examination, and take every available fact into account, you may go absurdly wrong, especially if you have not seen the patient before. I remember a man who was believed by his Dresser and others to have tabes dorsalis, for his gait seemed characteristic of this condition, and when he was told to stand with his eyes shut he was very unsteady. When, however, the Dresser was asked to investigate the knee-jerks and other symptoms, he found that the patient had undergone amputation of both legs just below the knee, and had a pair of artificial limbs. In another case an elderly woman, who had long suffered from obstinate constipation and abdominal pains, brought a concretion which she said she had passed with great suffering on the previous evening. This concretion was evidently not a gall-stone, which it resembled neither in shape, size, nor consistence, for it was crescentic, about three inches long, and three-quarters of an inch broad, and apparently completely calcareous. How it had originated it was difficult to say, nor was its exact nature by any means apparent to the gentleman who was taking the notes. Indeed the case seemed to be one of a very unusual kind, and well worthy of being recorded and illustrated by a woodcut. One point at least seemed obvious: the patient was to be congratulated on having at last got rid of the cause of her prolonged suffering. When, however, the concretion was thoroughly washed and more carefully examined, it was found without doubt to consist of a portion of cement which had been used to fix the pan of the closet. In the out-patient room you will meet with good illustrations of many sides of human nature, and gain experience which you will afterwards find very useful. You will find that some people are so hopelessly stupid that they mistake the plainest directions. Others are the victims of strange prejudice or superstition. The child of an Irishwoman was dying slowly of tuberculous meningitis. On the seventeenth day a lady visitor calling at the house found that the mother, who was, as usual, somewhat the worse for drink,

had covered up the clock, for she said that the child (who, no doubt, had been blind for several days) could not die while she had a clock to look at. You will have no better chance than in the out-patient room of seeing how great an effect the patient's temperament and mental state may have on some local ailment. For instance, you may sometimes cure a woman of the pain of which she is complaining by assuring her that her fears of cancer of the breast are entirely groundless. You will meet with many neurotic and hysterical patients, and a knowledge of these cases will be very useful if you are to avoid mistakes. A girl of eighteen had complete ptosis of the right eyelid, accompanied, however, with no other symptom of disease that I could detect. Believing that she was merely hysterical, I strapped down the opposite eyelid, and told the mother on no account to remove the strapping, because to do so would lead to inflammation. I asked the Dresser to follow the girl out of the room, and see what occurred. He found that before she was half-way across the Hospital Square she had opened the affected eye. I need scarcely say that the ptosis did not recur. Some people make mountains of mole-hills, or complain in the most nonsensical manner of some trivial defect, while others are careless to the verge of foolhardiness. A sturdy policeman of nearly forty asked me to cure him of blushing; while a man who was asked what kind of water he passed, said he could not tell. In explanation of this strange circumstance he stated that five years before, his urine, which must have contained blood, was such horrid stuff, worse than muddy beer, that he made up his mind that he would never see it again; and, in spite of the difficulty of keeping to this determination, he had never done so. What he now passed, with carefully averted eyes, proved to be perfectly healthy. If you use the experience you may gain there, and if you study your patients as well as their diseases, you will find your work in the out-patient room as profitable as any you do while you are at the Hospital.

In the special departments you will study various forms of disease in concentrated groups, and will learn the use of special appliances, which are required for diagnosis or treatment. The value of such departments as those for the eye, skin, ear, throat, and deformities, is obvious. Clinical lectures give the occasion for a full discussion of single cases, very much on the lines of the Clinical Society of London, or of some particular subject of clinical interest. I need say nothing of the objects to be gained by witnessing operations. The Thursday consultations afford advantages which could not be otherwise obtained. A large proportion of all the more obscure and important cases are shown and discussed, and these amount to about two hundred in the course of the year. You will often meet with cases there which you will have no other opportunity of seeing or knowing anything whatever about, and the proceedings will make you familiar with the manner in which consultations are conducted in practice. I am glad to say that the post-mortem

room does not offer you so wide a field of study as was formerly the case. Yet there is still enough material there to supply much essential knowledge. I will say nothing of the different School Classes, or of work in the Museum, for I know that they are thoroughly appreciated by you all.

Now here are just under a dozen departments in which, with a special purpose in each, you may study surgery, but none of them either singly or in combination, can fulfil the intention with which systematic lectures on surgery are given. (1) The other sections of your work are almost entirely clinical. You deal with individual cases, and the details of diagnosis and treatment which they happen to illustrate, and there is not time to go through the subject as a whole. Take for instance a carbuncle. In the wards you notice its situation, and its local characters, its induration, the condition of its surface, the manner in which it spreads and sloughs, and the amount of pain it causes; you examine the urine for sugar and for albumin, you note the general condition of the patient, and you watch the treatment and its results. This is all you have time to do, and it is generally all that the case illustrates; but there are many other points that must be studied if you are to go thoroughly through the subject of carbuncle. The pathology of the disease and its relations with other conditions, the explanation of the association of carbuncle with diabetes, general prognosis, the situation in which carbuncle is most dangerous, the causes of death, the question of cutting a carbuncle, why this was formerly done, and why it has been largely given up. These are chiefly matters either of pathology or of the natural history of carbuncle, and they can be quite as well studied in a theatre as in a ward.

2. There are many points of a disease which can only be properly discussed in a lecture, illustrated by museum specimens, diagrams, drawings, and tables. In fact, lectures rest upon the principle of the division of labour, and, in this, correspond with the other sections. They relieve the rest by undertaking that part of the work which they alone are qualified to discharge in an advantageous manner.

3. Lectures are a great economy of time, for they convey to a large class that which would otherwise have to be repeated by each of the surgeons to his much smaller class in the wards at a sacrifice of time that he would find impossible, especially as the Dressers and most of the men who go round with a particular surgeon change every three months.

4. Lectures, I believe, are of great assistance in this. It is much easier to remember what you hear (provided it is clearly stated) than what you read, and especially when it is illustrated by specimens and drawings. Besides, lectures give you a systematic scheme, which will help you to read with advantage.

5. Lectures, if you attend them, employ you for an hour three times a week, and thus they ensure a certain amount of regular work which you might not otherwise find

time for. Moreover, they bring the most important parts of the subject prominently before your attention.

These are some of the grounds on which I believe myself, and always have believed, that lectures are valuable. No one is more willing than I am to allow that lectures are often tiresome, and that they involve hard work; but I confess that I have little sympathy with this latter complaint. Our profession is one in which work, and hard work, too, is the order of the day. Work is the indispensable condition of success. If not before, you will find what work is when you get into practice, and for the work that you do while you are at the Hospital you will be abundantly repaid. Besides, let me remind you that it is your bounden duty to work to the utmost (within an inch of your life used to be Sir James Paget's rule), in order that you may be qualified to discharge the heavy responsibilities you will have to undertake. However, I believe you all like work, and I am sure it will do you all a great deal of good.

On Medical Practice and Original Research.

II.

By LOUIS ROBINSON, M.D. (Dur.), M.R.C.S.

SIR THOMAS BROWNE, the author of "Religio Medici," somewhere says that "every man must be his own Œdipus," and must solve the riddles of existence for himself. In speaking of those who would excel in research work, we may push the parable drawn from the classic legend one stage further, and declare that every man must be his own Sphinx; for it is a very noteworthy fact that those who succeed in widening the field of knowledge are, in the majority of cases, the very men who first propound the queries which they afterwards aid in solving.

It is obvious that no mere journeyman, however conscientious, can compete in the race with the strenuous enthusiast who is possessed by a fixed idea. He has not the necessary mental impetus to carry him beyond the ruck of the crowd, or to enable him to ignore the tramways of convention when it becomes needful to pursue his quarry off the beaten tracks of knowledge. And it is, of course, the very essence of original research that the chase should be followed beyond those boundary-lines of custom and precedent which limit the thoughts and actions of most people. This has been exemplified again and again, and it is this fact which must for ever dash the hopes of those who think that discoveries will come thick and fast when research is organised and endowed in State laboratories. One might as well expect new departures in theology from the bishops or a revolution in military tactics from the War Office! Edison, in his splendidly-equipped laboratories at Menlo Park, employs many able chemists and mechanical experts in making new experiments; but practically every invention brought to light there has been the outcome of his own

genius. The comparatively barren results of recent attempts at collective investigation in Medicine show that the same rule prevails in our own department of science.

It is a general, but I believe an entirely erroneous, idea that the scientific discoverer must be a man of brilliant and exceptional talents. A perusal of the biographies of Dalton, Brewster, Edward Jenner, and Charles Darwin will make it plain to anyone that, as far as general intellectual ability is concerned, these illustrious men did not stand far apart from their more obscure fellows. Their achievements are attributable to such every-day gifts as good powers of observation, abundant patience, a memory which preserved such facts as bore upon their special work, and that power to think liberally, logically, and soberly about the subjects immediately occupying the attention, which is popularly called "common sense." The real secret of their success is found in the fact that these widely-distributed faculties were, in their case, sharpened and made trenchant by the untiring enthusiasm which urged each of them on in his chosen pursuit. In fact, the pioneer of science must have the *sporting instinct* quite as much as the hunter of big game or the explorer of unknown regions. The impulse which urges him forwards in spite of hindrances and disappointments is very nearly akin to the excitement which makes a comparatively timid horseman ride across country at the risk of his neck when in pursuit of a fox.

Now it appears to be a law that we regard the offspring of our minds with the same uncompromising affection as that which characterises the animal parental instinct. Just as a woman will make any sacrifice for her own child, but will manifest all the hireling's perfunctoriness in attending to the wants of a nurse-brat, so the human mind will cherish and fight for its own theories, and expend its utmost asset in their support, but will retain a sentiment of semi-hostile indifference towards the notions begotten by another.

This shows how useless it would be for me or anyone else to endeavour to point out in detail the spots in the *hinterland* of knowledge which seem likely to repay the labour of those who thirst to penetrate the untrodden regions of this philosophical "dark continent." Any attempts which I may presume to make in such a direction, must be considered as merely suggestive; for probably the young ideas which are the petted occupants of my own mental nursery will appear, according to the above law, but sorry specimens to most of my readers.

But since, as teachers of morality tell us, better results can be obtained by the inculcation of general principles of right conduct, than by descending to particulars as to the special vices which are to be guarded against, so, perhaps, more can be done by assisting students to understand and enter into the spirit of research than by trying to place a finger upon this or that spot in the blank map as a guide to specific endeavour.

Now, there appear to be some minds which are, in this respect, absolutely sterile: like the working bees, they per-

form many useful functions, but new conceptions are a physiological impossibility to them. These, however, are in a minority. In many other cases new ideas start into being, but abort, or fade away in early infancy, owing to the indifference or ineptitude of their psychic progenitors. Those only come to fruitful maturity which are nursed and cherished in a proper manner in their tender and hypothetic state; which are exercised, fed, and tested during their growth; and which are finally launched on the world with a sufficient capital of carefully hoarded evidence, gathered for their support with parental toil ever since the first moment of their existence.

In our profession, men who go through life looking on Nature with the unwondering gaze of brute beasts, are happily rare. But there are many who are content to wonder at phenomena which present themselves to their attention in the course of their daily work, and who make little or no attempt to solve, or even to define, the problems thus vaguely recognised. I wonder how many country doctors, before Edward Jenner's time, had had their curiosity aroused by the immunity from small-pox among dairymaids, but were content to remain puzzled as to the explanation of this suggestive fact? How many practitioners in crowded cities had had their attention drawn to a certain oft-recurring diversity in the symptoms of "continued fever" before the other illustrious Jenner demonstrated the difference between typhus and typhoid?

I make bold to say that, not only does the future contain discoveries as great and as practically far-reaching as these, *but that the clues leading to them are, even at this moment, in the hands of many of us, did we but know it!*

Given the student of medicine (qualified or unqualified), by what process can he become an original worker and discoverer?

The one primary essential is a mind which is not willing to take things for granted, but which, automatically it may be, is continually theorising upon, and seeking an explanation of, the phenomena presented to it in the course of professional work. It is wonderful how soon this ruminating curiosity will become a passion, a positive thirst, if it is given a little play. We may compare it to a hound in the leash, straining this way or that as some whiff of scent reaches its nostrils, but which, when the word is given, becomes transformed into a very demon of pursuit.

When once the curiosity is awakened, and has been "blooded" by the capture of a suggestive fact or two which have been snapped up early in the chase, what follows seems to come as a matter of course, like the successive acts in the satisfying of a natural appetite. Everything which we come across in the course of our reading or practical work which has a bearing on the problem which we are hunting down, seizes the attention and takes a foremost place in the memory without any mandate from the conscious will. By-and-bye, what was at first a merely inchoate and nebulous idea, begins to take shape; and, as the

object of pursuit becomes more definite in outline, the desire to capture it becomes keener. Nothing will now satisfy us but the fullest knowledge attainable, and the literature of the subject is ransacked with an absorbent avidity which we did not think ourselves capable of. Now comes, as a rule, one of the checks which never fails to surprise a young student. He is astonished to find how little has been written, and how inept that little is in affording a satisfactory explanation of the phenomena. At this crisis, if he is of the stuff of which discoverers are made, he begins to sift his evidence, and to enlarge it or correct it by direct experiment. The line of the scent being interrupted (to continue the sporting simile) he begins to "make casts forward" on his own account, and to watch, with heightened keenness of vision, for fresh clues. He is now fairly across the border, and has entered the *terra incognita*. His pursuit may henceforth receive the proud title of "original research," but it is well for him to recollect that it is one thing to search, and quite another to find. He is without a guide in a trackless and hostile country, and to traverse this with success requires the exercise of new faculties. Pit-falls, *cul de sacs*, and mares' nests abound, awaiting the hasty and unwary, and the ranks of the aspirants are rapidly thinned. It is needful to follow many a doubtful path in the endeavour to pick up the spoor of the elusive quarry, but, however tempting a theory may be, it must be scrutinised with a critical and even sceptical vigilance. To change the simile again, we must guard most carefully against being led into any conclusion by parental affection for the offspring of our minds until it has proved its own worth.

Like Edward I. at Crecy, when the Black Prince was in the thick of the Frenchmen, we must be prepared to hold sternly aloof and say, "Let the lad win his spurs."

I fear that, in this article, the promise made in the January number has scarcely been fulfilled. Most of my readers, however, will recognise the difficulty that there is in particularising as to the most promising fields of research. On another occasion, if the Editor, in his wisdom, thinks fit, I will venture on a few more direct suggestions which may perhaps prove useful.

Amalgamated Clubs.

THE CLUB GROUND.

WE are informed that the important work of levelling and preparing for play a sufficient area of ground for two football fields and a cricket pitch will probably be entrusted to Mr. George Hearne, the Kent cricketer, by whom all the best grounds in and near London have been laid down. We understand that the opinion has been expressed that our ground can be made one of the best near London, for the present slope is a very gradual one, the turf is good and the drainage excellent. It is furthermore mainly of gravel subsoil.

At the meeting of the Finance Committee on February 26th, 1894, a proposal was received from the Musical Society to enter the Amalgamation, and after a short discussion it was decided not to consider the proposal until a similar proposal, which it is understood will be made by the Smoking Concert Club, has been received, so that the two can be considered together. A request by the Cricket and Lawn Tennis Clubs for a grant to hire a ground at Herne Hill for practice during the coming summer, was brought up, but the consideration of it adjourned for a week, pending further information.

At the meeting of the Finance Committee held on March 5th, a letter was received from the Smoking Concert Club proposing to enter the Amalgamation. After some discussion it was resolved to ask the Musical Society and the Smoking Concert Club to meet and to lay before the Amalgamation a joint scheme and proposal for consideration by the Finance Committee. A grant was made to the Cricket and Lawn Tennis Clubs to enable them to hire a ground for cricket practice and for tennis during the ensuing summer session. A sub-committee was appointed to carry this out, and we understand that it is probable that a ground at Herne Hill will be rented for the season.

ASSOCIATION FOOTBALL MATCHES.

IN our last issue we spoke of the interest which attached itself to the prospected match between Bart's and St. Mary's. Shortly before the match, however, we learned that St. Mary's were playing Moon in their Cup-team for the sixth time. On inquiry we ascertained that Moon had played in Inter-hospital Cup Ties—contrary to rule—prior to registration as a student, and that in consequence, though the obvious meaning of the rule was that no man should play in a Cup-team for more than five years, St. Mary's were endeavouring to play a man for six.

This being the case, we laid the matter before the United Hospitals' Committee, with the result that though the representatives of Bart's, Guy's, and Mary's did not vote, a resolution was passed by the other representatives that Mary's should not be allowed to play Moon.

Mary's then, naturally, cancelled the result of their match with Guy's, since, if Moon's presence in the team was unfair in their match against Bart's, it was obviously so in their match against Guy's.

On the match being re-played, Guy's proved victorious by four goals to none.

Thus, instead of coming against Mary's, we came against Guy's,—as events turned out—with a most unfortunate result for us. We give an account of the match below.

BART'S v. BECKENHAM.

Played at Beckenham before a good crowd. Although

we had not a full team, a close and fast game ended in favour of Beckenham by one goal to nil.

BART'S v. LONDON WELSH.

This match was played at Wormwood Scrubbs in very wet weather. The ground being extremely soft, good play was out of the question, and a somewhat slow game ended in a victory for London Welsh by two goals to one.

BART'S v. GRAVESEND UNITED : March 24th.

Played at Gravesend, on a fast ground. Mackintosh unfortunately missed the train, and we were obliged to play with only ten men for the first quarter of an hour, which undoubtedly was the cause of our losing the match. Gravesend won the toss and played with the wind, scoring in the first minute. Bart's, however, immediately equalised, Fernie scoring with a grand shot; but Gravesend quickly added three goals, the score being 4-1 in their favour when Mackintosh arrived. The game was then very equal, and half-time was reached without alteration in the score. Playing with the wind, after half-time, we had all the best of the game. The defence, however, was good, and we only scored twice, thus being beaten by four goals to three.

CUP TIE.

SECOND ROUND.

ST. BARTHOLOMEW'S v. GUY'S.

This Tie, owing to the peculiar circumstances described above, caused a large amount of interest and excitement. Guy's had choice of ground, and decided to play at Brockley, on their own ground. The tie was played on Thursday, March 1st, in wretched weather. The ground was in a bad state, and boisterous wind and rain entirely prevented scientific play. We won the toss and played with the wind,—the ball was in the Guy's half nearly the whole time, and our forwards had many opportunities of shooting. Nothing, however, was scored, and at half-time our prospect of winning looked bad. Early in the second half, during a scrimmage in front of goal, the ball was passed back to Cooper, who took advantage of a good opening and scored with a hot shot. This was the only goal of the match. Our forwards tried hard to equalise, and Fernie was very near scoring once, but—owing principally to the grand play of the Guy's back division—we were unable to score, and had to retire beaten by one goal to nothing.

TEAMS.

St. Bart's.—E. H. Fryer, goal; J. S. Mackintosh and R. P. Browne, backs; H. J. Pickering, C. C. Q. Costin, and W. H. Pope, half-backs; E. W. Woodbridge, G. R. Fox, L. E. Whitaker, A. Hay, and J. F. Fernie, forwards.

Guy's.—J. Lavers, goal; F. J. Lidderdale and A. B. Carter, backs; A. E. Crosby, N. C. Cooper, and A. M. Daniel, half-backs; R. B. Stamford, H. Hewetson, R. T. Fitzhugh, F. E. Walker, and C. E. Hibberd, forwards.


INTER-HOSPITAL RUGBY CUP TIE.

St. Thomas's have again won the Rugby Cup, having beaten University College Hospital to the tune of one goal and twelve tries to nil, in the final round.

BOXING CLUB.

A Boxing Competition, open to Bart.'s men, is being arranged; the date will be announced shortly.

The Abernethian Society.

N February 1st Dr. Garrod read his paper on "The Causation of Rickets," the factors in the production of which disease he stated to be very complex. Amongst the most important of the exciting causes are errors of diet. These may be of two kinds, negative or positive—such as excess of food, good though it may be in quality, and the too early administration of starchy foods, which, not being digested by the saliva of very young children, act as foreign bodies and irritants to the stomach. Amongst the negative errors are poor quality of the mother's milk, over-suckling, feeding on skimmed milk and habitually substituting condensed for fresh milk. Dr. Garrod thinks that the various artificial foods for children are often of great use temporarily, but he strongly advocates that they should not be used habitually to the exclusion of fresh milk.

Amongst the other exciting causes were included chronic diarrhoea, which, though not in itself necessarily the result of improper feeding, is an agent in the production of rickets inasmuch as it may prevent the proper assimilation of the child's food.

In order to correct as far as possible these errors of diet, Dr. Garrod makes the following suggestions:—

(1) If the child be breast-fed, the mother's general condition should be rendered as perfect as possible, and the child should certainly be weaned before it is ten months old.

(2) Fresh milk should be used instead of condensed, and if the child be under seven months of age, the starchy foods should be entirely withheld.

(3) The quantity of the diet and the hours at which the child is fed should be regulated.

If the child be brought up by hand,

(4) Barley water and sugar (varying in proportions according to the age of the child) should be added to the cow's milk, and all deficiencies in the fatty elements should be made up by cream or cod liver oil, and deficiencies in the proteids by raw meat-juice.

(5) The child's bottle should always be examined most carefully and be kept perfectly clean and sweet.

(6) Even children eighteen months or two years of age should have plenty of milk at their meals.

The chief predisposing causes are bad hygienic con-

ditions, such as want of light or fresh air, or bad ventilation; ill-health of the mother during pregnancy; diseases of the child which impair its nutrition, such as congenital syphilis; and, lastly, the effects of locality. Under this last head Dr. Garrod points out the frequency of the disease in Europe, especially in the large towns and cities of England, and its comparative rarity in America and Australia.

On February 8th, Mr. A. E. Cumberbatch, F.R.C.S., read a paper before the Society on "Intra-cranial complications following middle ear suppuration." We hope to make a full report of this paper in our next issue.

On February 15th, Dr. Herringham read his paper on "The Pulse." In many cases the frequency of the pulse, though useful, is rather supplementary to other sources of information. It is sometimes, however, of very considerable importance, as for instance in the diagnosis of an erythematous rash, which certainly is not scarlet fever unless the pulse-frequency is greatly increased, and in cases of acute peritonitis, where it is together with increased frequency of respiration, the best evidence of the gravity of the disease.

Irregularity in time Dr. Herringham does not consider to be, of itself, of much importance, as both in children and in adults there may be great differences in the rates during inspiration and expiration. Irregularity of the pulse in force and in volume, however, are of much greater import, as they are present, together with irregularity in rhythm, in all the graver forms of heart-disease, though they are less serious in valvular disease than in other forms of heart affections.

Dr. Herringham next discussed the importance of the examination of the size of the pulse, and of the character of its impulse, both as regards its force and its duration. Examination of the condition of the arterial system is, he considers, of great importance, and in all cases the tortuosity and thickness of the arterial walls should be noted. Amongst the clinical causes of thickened arteries were mentioned old age, high living, and especially the influence of lead. Dr. Herringham then stated the various theories as to the more immediate cause of arterio-sclerosis.

Great stress was laid both upon the method of examination and upon the interpretation of the tension of the pulse; the theories as to the cause of high tension of the pulse in granular kidney were enumerated, and the more frequent causes of death mentioned.

In conclusion, Dr. Herringham pointed out that the frequency, the regularity and the force of the pulse have reference chiefly to the condition of the heart itself, its tension and the thickness of the wall of the artery, to the condition of the arterial system, and that, *à priori*, more could be learnt about the general condition of a patient from careful examination of the pulse than from the observation of any other single organ in the body.

On February 22nd, Dr. F. E. Batten read a paper before the Society on "Some unusual manifestations of tubercular meningitis." Having briefly enumerated the symptoms which might be considered as the more usual manifestations of the disease, Dr. Batten first discussed the great variations in the pulse met with in the affection. Hemiplegia in tubercular meningitis was mentioned as an interesting condition, whose cause, when not due to a cerebral tumour or to thrombosis of the middle cerebral artery—and Dr. Batten had seen cases in which the hemiplegia had been due to one or other of these conditions—was exceedingly difficult to ascertain. Dr. Batten mentioned a case in which the hemiplegia was at first on one side and then later on the other, but at the post-mortem, though there were definite signs of tubercular meningitis, there was no definite lesion to which one could point as the cause of the hemiplegia. Hemi-anæsthesia and hemi-hidrosis were also sometimes to be found.

Amongst the other unusual manifestations were mentioned, tubercule in the choroid, often not visible during life, a post-mortem specimen of which Dr. Batten showed; hallucinations, glycosuria and great variations in temperature. In a chart that Dr. Batten passed round for inspection, there was a marked sudden drop of ten degrees in temperature within twenty-four hours.

St. Bartholomew's Hospital Smoking Concert Club.

THE last concert of the season was held on February 17th, at the French Room, St. James's Restaurant. It was a great success, and worthily closed the list of concerts. At 8.30, Mr. Furnivall in the Chair, and Mr. Greenwood at the piano, introduced the programme provided for the evening's entertainment. The first song was sung by Mr. J. F. Gladwin—"A Bedouin Love Song." His encore, "Queen of the Earth," showed his well-trained voice to great advantage. The honorary secretaries both appeared on the platform during the evening, Mr. D. L. E. Bolton getting up first to sing "I Dreamed a Dream," and later in the evening Mr. P. W. Shelley played a banjo solo.

Mr. J. Miller sung "Lads in Red" in easy and pleasant style, and as an encore "A Merry Monk." He was followed by Mr. Dick Welch, who gave "They all take after Me," also, "And the Verdict Was"; this comic element being very gratefully received. Mr. A. Lawrence, to a banjo accompaniment, sung a negro ditty, "Under the Old Umbrella," with a pretty plantation refrain. "Tommy Atkins," sung by Mr. R. G. Hogarth, was a great success, and Mr. F. Lane's "Travesty on After the Ball" was greeted with roars of laughter.

Mr. J. Valery sung "Mandalay" with great expression,

and, changing from the pathetic to the ridiculous, gave that amusing ditty "It Came Off" as an encore.

Mr. W. Parker with a "Gipsy song" and Mr. Shelley's banjo solo closed the first part of the entertainment.

After the interval Mr. St. Cyr, who had replaced Mr. Greenwood at the piano, and who played most of the accompaniments during the evening, gave a selection of popular tunes, which was loudly chorused by the audience. Mr. Bolton, Mr. Gladwin, Mr. Parker, and Mr. Shelley reappeared. Mr. Dick Welch came on again and sang "Now he's Found Out where 'e Are," and "Liza's Tootsies," which brought forth great applause. The rather diagrammatic pictorial representation of the "tootsies" added to the general effect of the song.

After Mr. F. Lane had sung "I'm in the Chair," "Auld Lang Syne" was joined in by all present, and a very pleasant evening closed about 11.30.

There was a very good attendance of members and guests. Among those present were noted Drs. Champneys, Kanthack, Fletcher, Gow and Hayward, and Messrs. Walsham, Bruce-Clarke, Jessop, and Roberts.

Volunteer Medical Staff Corps.

No. 3 (LONDON) COMPANY SMOKING CONCERT.

THIS Company, which is composed of students of St. Bartholomew's and St. Thomas's, gave an invitation Smoking Concert at "The Salutation," in Newgate Street, on the 7th of February last.

The expenses of the concert were defrayed by the Committee, who, ably seconded by the management of the hotel, managed to make the guests very comfortable.

At about 7.45 Staff-Sergeant Olding took the Chair, Surg.-Capt. H. Work Dodd, the Chairman of the evening, being unable to appear till later on.

Proceedings commenced with a pianoforte solo by Mr. Collingwood Banks, who played very cleverly a "Marche Militaire," his own composition, and which we hear on good authority he intends to dedicate to the Corps. Mr. Birdseye next sang "The Tipperary Christening," a most amusing song. Mr. St. Cyr accompanied him at the piano, and had to return there again for an encore, when Mr. Birdseye sang "I did laugh." In parentheses, we might remark, so did his audience, who thoroughly enjoyed it.

Major Woolmer Williams was down on the programme to "relate a few yarns," and he did so most successfully.

A remarkable addition to the talent of the evening was Mr. Tom Browne, the champion whistler of the world, who quite justified his claim to the title. It took the Chairman all he knew to restrain the somewhat noisy applause of the large audience who packed the room to overflowing. As it was Mr. Browne kindly gave four encores.

Mr. E. J. Read gave a clever recitation, "The Wail of

the Banner Bearer," which eloquently described the sorrows of a super. It is to be regretted that owing to the number of turns this talented artiste only appeared once. The comic element found worthy exponents in Messrs. Joe Lilley and Chas. Oliver, who were most kind in their encores to an appreciative audience. As a set-off to them, Mr. Lindo gave imitations of popular actors, which were excellent.

The event of the evening was the appearance of Miss Louie Hurmann, who replaced Miss La Mara, who, through illness, was unable to appear. Her songs, "I shan't," "The Mountain Maid," &c., were well received, proving the success of the Committee's experiment in introducing one lady into the programme.

Mr. Dick Welch gave "That's his Gal," and "Liza's Tootsies" in his well-known style,—full of life and go. Mr. F. W. Gale followed with a "Volunteer Song," specially composed for the occasion. He had to give an encore.

Mr. D. L. E. Bolton was the last to appear on the platform, singing, in good swinging style, "The King's Own," and "The 7th Royal Fusiliers."

The proceedings closed with a speech by the Chairman, who, in mentioning that this was the first Smoker of the Company, hoped it would not be the last nor least successful of the occasions when we should meet again.

The officers present were:—Surgeon-Captains, W. E. Raw, H. Matthews, Openshaw, D'Arcy-Power, G. Sims-Woodhead; Lieutenant-Quartermaster Bennet, and Surg.-Capt. J. P. S. Hayes (A. M. T.), Adjutant. Mr. H. J. Waring, who has lately been gazetted to the Corps, was also present in mufti.

Notes.

MR. J. HOWELL GRIFFITH, M.B. (Lond.), has been appointed Second Assistant Medical Officer to the Greenwich Union Infirmary.

MR. H. J. WARING, M.S., M.B. (Lond.), has been gazetted as Surgeon-Lieutenant to the London Companies Volunteer Medical Staff Corps.

MR. W. E. MILES, F.R.C.S., has been appointed Assistant Electrician for six months.

AMONGST those who have been successful in the Competition for Commissions in the Indian Medical Service, held on February 9th and following days, we note the names of two Bart's men: Messrs. W. Selby, and A. W. F. Russell. Mr. Selby obtained the third place in order of merit, with 2,606 marks; and Mr. Russell was ninth, with 2,384 marks.

E. G. D. DRURY, S. P. Huggins, J. P. Maxwell, and R. Waterhouse have passed the intermediate M.B. Examination of the University of London. P. W. Brigstocke, D. H.

F. Cowin, L. F. Marks, A. L. Box, and A. B. Tucker have passed in all subjects except Physiology; and T. Chave, M. W. Coleman, J. H. Hugo, and A. R. H. Skey have passed in Physiology only.

A. L. SCOTT has passed the Preliminary Scientific Examination of the University of London in the First Division; R. Hatfield and E. P. H. Dudley have passed in Biology, and W. H. Cazaly, W. G. D. Miller, and H. J. Hutchens have passed in Chemistry and Physics.

HERBERT PULFORD, M.A., and Arthur M. Mitchell, M.A., were admitted to the degree of M.B., Cantab, on February 15th.

THE Special Board for Medicine in the University of Cambridge reports that the number of candidates for Parts I. and II. of the Third M.B. has largely increased during the past three years, and they recommend the appointment of additional Examiners. They advise that there shall in future be four Examiners each in Medicine and Surgery, in addition to the Regius Professor and the Professor of Surgery, and that there be two Examiners in Midwifery.

A MOVEMENT is on foot in Manchester to raise a memorial to the late Professor Milnes Marshall. It is understood that the Executors of Professor Marshall have presented his large Zoological Library to Owen's College.

DR. W. J. RUSSELL, F.R.S., has been elected President of the Institute of Chemistry.

PROFESSOR CHARLES STEWART, Curator of the Museum of the Royal College of Surgeons, will give a course of nine lectures on "Locomotion, &c.," on Mondays, Wednesdays, and Fridays, from February 26th, to March 16th inclusive, at five o'clock, in the Theatre of the College.

IN a Lecture at the Royal Institution on February 15th, on Cholera, Dr. Klein, F.R.S., remarked that the prevention of Cholera ought to be less difficult than that of some other communicable diseases. He referred to the excellent results of stringent sanitary precautions in preventing the spread of Cholera at the great religious festival at Hardwar. The sum of the precautions necessary is to prevent the contagious matter being swallowed, and this is to be effected by isolating the patient, disinfecting or destroying all articles of clothing or bedding soiled by him, and thoroughly cleansing the hands of all persons coming into contact with him. In this way the infection through water or food or directly ought to be prevented. Much had been done, he said, in this country in the way of improving the sanitary condition of localities, but he urged that every local authority ought to have the necessary appliances for isolation of patients, and for the disinfection

of clothes and dejecta, and we ought not to rest until this desirable result has been obtained.

IN consequence of the ill-health of Dr. Sheridan Lea, F.R.S., we hear that Dr. L. E. Shore has been appointed to examine in Physiology, for the Natural Sciences Tripos and Second M.B., Cambridge.

MR. J. A. GRAY, late Surgeon to His Highness The Amir of Afghanistan, read a paper before the Society of Arts, on February 15th, on his "Experiences at the Court of Afghanistan."

F. E. A. WEBB has passed in Surgery, Medicine, and Midwifery, at the final L. S. A. Examination. T. W. W. Burgess and B. L. G. Skipworth have passed in Surgery, and F. W. Rock has passed in Medicine, Forensic Medicine, and Midwifery.

WE hear that it is probable that some alterations in the drainage of Christ's Hospital will be agreed to by which it will be possible for the present buildings to be temporarily occupied again until the new school is ready.

DR. A. A. KANTHACK will begin his next course of Bacteriology on April 9th next. Gentlemen wishing to attend this course should communicate with him before March 22nd. Days and hours of work will be arranged subsequently to meet the convenience of those attending. We may remind candidates for the D. P. H. diploma, that this course counts as a month's attendance in the D. P. H. course. The months of May and June will further be devoted to practical instruction in Bacteriological Analysis, so far as is required for the D. P. H.

There are several vacancies for Clerks in the Pathological Laboratory for May, June, and July. Those wishing to Clerk should communicate with Dr. Kanthack as soon as possible.

A VERY representative committee has been appointed for the purpose of getting up a ball, in connection with the Samaritan Fund. Their demands and aims seem to us high, but we wish them every success.

A CORRESPONDENT calls our attention to an epitaph on a tombstone in Bunhill Fields Cemetery, City Road, which runs as follows:—

Here lyes Dame Mary Page,
Relict of Sir Gregory Page, Bart.
She departed this life March 11, 1728,
In the 56 year of her age.
In 67 months she was tap'd 66 times,
Had taken away 240 gallons of water,
Without ever repining at her case,
Or ever fearing the operation.

THERE will be a smoking concert given in connection

with the Australasian Students Club, in London, on March 17th, at "The Salutation," in Newgate Street.

WE hear that the Senate of University College have passed a resolution approving of the scheme suggested by the Gresham University Commission for the reconstitution of the University of London.

Cases Worth Seeing.

SURGICAL.

THE following cases are worth seeing in the surgical wards:—

Henry, 15, extensive epithelioma of tongue.
Sitwell, 21, congenital tumour of face.
Sitwell, 12, extensive lupus of face.
Colston, 2, ununited fracture of tibia.
Charity, 13, necrosis of a large portion of the skull.
Kenton, 9, multiple malignant tumours.
Henry, 10, popliteal aneurysm.

MEDICAL.

THE following cases are worth seeing in the medical wards:—

M. 63, Mark Ward, No. 9—Pemphigus.
M. 21, Mark Ward, No. 20—Cerebral Tumour.
M. 39, Luke Ward, No. 13—Cerebral Syphilis.
F. 25, Mary Ward, No. 1—Multiple Tumours of Abdomen.

Specimens added to the Museum during the Year 1893.

(Continued from page 79.)

ANEURYSM OF LEFT VENTRICLE.

1261a.—A Heart in which a large Sacculated Aneurysm has formed in connection with the outer side of the Left Ventricle. The Sac has been laid open from behind; it lies directly to the outer side of the Posterior Musculus Papillaris. Careful inspection of the walls shows that they are largely composed of layers of Fibrin. The outer surface of the Heart, particularly in the neighbourhood of the Aneurysm, is covered by a shaggy coat of coagulated Fibrin, due to Pericarditis.

NEVUS.

1779b.—The Left Half of a Tongue removed by operation, and showing a large Nevus occupying nearly the whole of the Dorsum. The Epidermis is much thickened, and the Papillae are unduly prominent. From a man aged forty-six. The growth was congenital, but had only caused trouble for nine weeks.

Presented by H. T. Butlin, Esq.

NEVUS OF LIVER.

2224a.—A Longitudinal Section through a portion of the Right Lobe of a Liver. At the Inferior Border there is a large Nevus; it was more or less globular, and measured nearly two inches in diameter.

GENERAL PARALYSIS OF THE INSANE.

2511b.—The Brain of a woman who died from General Paralysis. The Lateral Ventricles are dilated. Other characteristics of the disease are also seen in this Specimen, viz., (i.) thickening of the Pia Mater, (ii.) shrinking of the Cortical Substance of the Convolutions, thus rendering the Sulci unduly prominent, (iii.) the presence of small Cysts on the Choroid Plexus, (iv.) the dilated perivascular spaces, seen in the cut surface as minute orifices, not larger than those caused by the point of a fine needle.

From a married woman aged thirty-seven, who died in the Banstead Lunatic Asylum eighteen months after her admission. She had well marked signs of the disease, which steadily increased until her death.

Presented by T. Claye Shaw, M.D.

ATROPHY OF CONVOLUTIONS AFTER TREPHINING.

2523d.—The Anterior Portion of a Brain, showing marked Atrophy of the Right Frontal Convolution

Twelve years previously he sustained a compound comminuted fracture of his right frontal bone, for which at Guy's Hospital he was trephined, and several fragments of bone were removed: this left a considerable depression over the seat of injury, with atrophy of the corresponding convolutions.

FIBROUS DEGENERATION OF PLACENTA.

3044a.—A Portion of a Placenta to which the Umbilical Cord is still attached. The Uterine Surface is broken up into irregular rounded masses, measuring from one to two inches in thickness. The largest of these has been cut across, and shows a solid white surface. Microscopical examination showed that it is composed of fibrous tissue.

Presented by W. S. A. Griffith, M.D.

MADURA DISEASE OF HAND.

3382d.—The Radial Half of a Right Hand, divided by a longitudinal incision. The whole hand is much increased in size, and swollen. The cut surface shows that the bones of the carpus are the most affected. These are enlarged, and have a spongy appearance, with here and there a few small sinuous cavities. The tendons and muscles are affected in the same way. On the skin are a few small superficial ulcers, which communicate by means of sinuses with small cavities in the subcutaneous tissue. The cavities, when examined after a fresh section, are found to contain numerous small pale yellow roe-like masses, which are composed of pus and the special fungus. The fungus closely resembles that of *Actinomyces*, if the two are not identical.

From a middle-aged native of Madura, a cultivator by occupation; he had suffered from the disease in one hand and one foot for many years; the hand was amputated.

For notes, see *Pathological Society's Transactions*, vol. xlv.

Presented by A. A. Kanthack, M.D.

HYPERTROPHY OF SINGLE KIDNEY.

2331f. A Right Kidney and Ureter with the Bladder. There is a congenital absence of the Kidney, Ureter and Vesicula Seminalis on the left side, with compensatory Hypertrophy of the Right Kidney. This weighs nine ounces. It is rather more lobulated on the surface than usual, otherwise quite normal. Microscopically there is no pathological change.

From a young man aged 21, who died from acute peritonitis after herniotomy for right inguinal hernia. The left supra-renal body, as well as the right, was of normal size and appearance.

2331g. In this case the development of the Right Kidney, and Ureter has been arrested, the Kidney being represented only by a small amount of fibrous tissue, flattened and oval in shape, about one and a half inches in its longest diameter. A small Renal Artery and Vein enter the undeveloped Hilum, from which the Ureter emerges by three distinct channels, which coalesce. At a point two inches nearer the Bladder, the Right Ureter becomes impervious, and is continued for another two inches as a solid fibrous cord. Below this point it again becomes pervious, and is continued on as a hollow tube as it reaches the base of the Bladder, where it enters the Right Vesicula Seminalis, which is much larger and more convoluted than usual. The Bladder and Prostate Gland are both asymmetrical, the right half of each being distinctly smaller than the left.

The Left Kidney shows less compensatory Hypertrophy than is usual in these cases. It is normal in appearance, and weighs seven ounces.

From a man aged 30.

2331h.—A specimen from a Child, aged 11. The Left Kidney is represented only by a small flattened mass of fibrous tissue, one and a half inches long by half-an-inch deep. The first two inches of the Left Ureter are not pervious.

The Right Kidney shows compensatory Hypertrophy, and weighs four ounces. Its outer surface is lobulated to an unusual extent.

CONGENITAL DEFICIENCY OF OESOPHAGUS WITH IMPERFORATE RECTUM.

3639b.—The Alimentary Canal of a full-term Male Infant in which there is a congenital deficiency of the Oesophagus. The Pharynx ends blindly in a pouch of greater calibre than a normal Oesophagus at a point one inch below the opening of the Larynx. The Stomach and Intestines are well developed. That part of the Oesophagus immediately above the Stomach is also well-developed, and measures two inches in length. Above this point it is attached to and communicates directly with the Trachea at the Bifurcation. The Rectum is imperforate; it lies on the right side of the Pelvis, and together with the Sigmoid Flexure and the rest of the Large Intestine is greatly distended with Meconium. The Pelves and Ureters of both are dilated, due no doubt to the pressure of the distended Rectum. (Cf. specimen No. 2373a).

This specimen is of especial interest as illustrating the failure, both of the Buccal and Anal Involution, to join with the middle portion of Alimentary Canal.

The child lived two days. He also had a patent septum ventriculorum and the right radius was absent.

Correspondence.

DEAR SIR,—It is with much pleasure that I notice the heading, "Cases Worth Seeing," in the current number of the *St. Bartholomew's Hospital Journal*.

Not only is this a great advantage to the present students, but an immense boon to old students in general practice. Would it not be possible to start a "Clinical Club" in connection with the Journal, which should have for its object the notification by postcard once a week of "cases worth seeing"; and also the institution of fairly frequent Clinical Evenings, once a week or once a fortnight. The Hospital is so rich in material that I feel confident the scheme would be a successful one, and, I think, much appreciated by old Bart.'s men in London and the suburbs.

I am, dear sir,

Yours faithfully,

REGINALD POULTER.

17th February, 1894.

Reviews.

DIPHTHERIA AND ITS TREATMENT, by Martin (Ballière, Tindall, & Cox), 32 pages.—This small book recommends the author's treatment for diphtheria, which consists in frequent and repeated insufflation with sulphite of magnesium, together with general tonic and hygienic measures. He states that he has not lost a single case in five years under this treatment. It is a very great pity, considering the immense and growing importance of the subject, that physicians who advocate novel modes of treating diphtheria, do not do themselves the justice of publishing their results in a convincing form. It would be a work of the greatest value to produce an exact and detailed account of fifty or a hundred cases treated on this method, recording age, state of throat, temperature, pulse, laryngeal and pulmonary symptoms, and so forth. Without this no treatment is likely to be often or seriously tested, whereas by this addition the author might have proved his case. Diphtheria differs so much in its severity that without giving details no statement of results is worth, for evidence, the paper upon which it is written.

AIDS TO THE TREATMENT OF DISEASES OF CHILDREN, by McCaw (Ballière, Tindall, & Cox), 3s. 6d.—This small manual of 181 pages is extremely well got up, and contains briefly, but very fully for such a work, all the latest information about the diseases of children. There are many good tables of differential diagnosis, and four and a-half pages of well-tested prescriptions. It is written for the use of the student and busy general practitioner from the best known works. One of the reasons why we recommend it, if for no other, is the chapter on the "Feeding of Infants and the Choice of a Wet Nurse," which subjects are so vaguely dealt with in ordinary books on midwifery.

AIDS TO OTOTOLOGY, by W. R. H. Stewart (Ballière, Tindall, & Cox), 2s. 6d.—This is a book of the same series as the above, consisting of 105 pages. It is really a second edition to a book entitled the "Epitome of Ear Diseases."

It is extremely well arranged. The first chapter on the Anatomy of the Ear is very good. Chapter II. on the Physiology of the Ear, is, we think, too brief and scanty. Chapter III. deals with the instruments required, and the examination of the patients. It has good illustrations. The rest of the book is devoted to diseases in the several regions of the ear and their treatment. It is extremely full of detail, and, as the author intimates in his preface, gives all that is required to get up such a subject in a short time after having read the larger text-books.

FAULKNER'S GUIDE (H. K. Lewis), demy 8vo, 2s.—This is a guide to the Public Medical Services, comprising Home, Naval, Army, West Coast of Africa, Indian and Colonial Medical Services, compiled from official sources, and is most replete with all the necessary information, giving in detail where application is to be made, the necessary forms to be filled in, examinations to be gone through, remuneration, the methods of promotion, and the amounts of pension and age limits. It consists of 72 pages, and in a small compass gives all the necessary and reliable information for each service. This is a great advantage and a saving of time and labour, which everyone who has taken the trouble to obtain the information for himself in the many official papers separately, will fully appreciate.

Surgical Cases in the Oldards.

BY THE SURGICAL REGISTRAR.

Fractured patella—opposite patella broken ten years previously.

Joseph D., aged 44, admitted under the care of Mr Butlin for simple transverse fracture of the left patella. The patient had sustained a similar fracture of the right patella ten years before, and was then in Rahere Ward, under the care of Mr. Smith. The interest of the case is chiefly in the excellent present condition of the right knee. The fragments are about a quarter of an inch apart but firmly united by fibrous tissue, which allows of slight lateral movement. Much of the original gap between the fragments has been filled up by new bone. The patella as a whole can be moved freely from side to side. The knee can be bent within a right angle. Extension of the knee can be performed against all the resistance that a man of average strength can employ with two unaided hands. Before the recent accident the patient could "run up and down stairs just as if there was nothing wrong with the knee." The treatment adopted ten years ago consisted in a simple, short, back splint with indiarubber bands above and below the knee. This was worn for six weeks; the patient was then allowed to get about, wearing a leather apparatus fixing the knee. This was worn for a whole year.

Sarcoma of muscles of leg.

John M., age 15, was admitted into the hospital under the care of Mr. Butlin. About a fortnight before admission

he first noticed a lump, "as big as a pigeon's egg," on the inner side of the calf of the right leg. This gradually increased in size, but did not cause him any pain.

On admission, the patient was a healthy-looking boy. An oval, slightly nodular, fairly hard, tense swelling was situated deeply in the muscles behind the middle third of the tibia. The diagnosis of sarcoma having been made, and permission to amputate having been refused by the patient's friends, the tumour was dissected out. It was found to be very close to the tibia, and to the posterior tibial nerve, although not actually involving either. The wound did well, but a month after the amputation recurrence was noticed, and consent was then obtained to amputate the leg just below the knee. This was done, and the patient is now making a good recovery.

Case illustrating the value of the microscope in the diagnosis of a difficult case of epithelioma of the tongue.

Thomas W., aged 55, was admitted under the care of Mr. Bowlby. For ten years he has had soreness of the tongue and occasional ulceration. Six months ago a small ulcer appeared on the tongue, opposite a jagged tooth. The tooth was drawn, but the ulcer continued to spread. For three months the patient has been taking iodide of potassium. On admission, he was in good general health. Over a large part of the dorsum and left side of the tongue were seen scars of old glossitis, evidently due to syphilis.

On the right side of the tongue was a deep excavated ulcer, an inch and a half long and three-quarters of an inch deep, with slightly overhanging edges. There was almost complete absence of the induration usually accompanying an epithelioma. The lymphatic glands were not enlarged. At consultations opinions were divided between epithelioma and tertiary syphilitic ulceration.

A small portion of the edge of the ulcer was accordingly excised and found to be undoubtedly epitheliomatous. One half of the tongue was removed, and the patient made a good recovery, leaving the hospital on the thirteenth day after the operation.

Births.

HARRIS.—Feb. 8, at 31, Wimpole-street, Cavendish-square, W., the wife of Vincent Dormer Harris, M.D., F.R.C.P., of a daughter.

SCOTT.—Feb. 27, the wife of Dr. T. W. Scott, Benham Cottage, Winchester, of a daughter, stillborn.

Death.

GABB.—Feb. 24, at St. Arvans, Abergavenny, Alfred William Gabb, M.R.C.S.E. and L.S.A., aged 74.

ACKNOWLEDGMENTS. — *Guy's Hospital Gazette*; *St. Thomas's Hospital Gazette*; *St. George's Hospital Gazette*; *The Student*; "Medical Pathology" (Ballière, Tindall, & Cox); "Psychopathia Sexualis" (Rebman).